

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FILED		ADDITIONAL AUTHORITY		ADDITIONAL AUTHORITY	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
2						
3	1					
4						
5	1	2				
6	1					
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TOTAL DEP.						
TOTAL CLAIMS						

	AD FILED		ADDITIONAL AUTHORITY		ADDITIONAL AUTHORITY	
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